

Washington State Office of the Insurance Commissioner

www.insurance.wa.gov

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Phone: (360) 725-7144 Fax: (360) 586-2019

Termination of Appointment/Affiliation

RCW 48.17.160 and WAC 284.17.420 require that notice be provided to the Office of the Insurance Commissioner and the affected licensee when the appointment/affiliation is terminated by the insurer or agency. An authorized representative of the insurer or agency must complete the information below and sign. Insurers that would like to save time by submitting **appointment** terminations electronically through the NIPR gateway should visit www.licenseregistry.com. Affiliation terminations cannot be submitted electronically.

Name of Licensed Appointee or Affiliate

Name of Insurer or Affiliating Agency

WAOIC #

WAOIC #

Address

Address

City State

City State

Phone: () _____ Fax: () _____

Phone: () _____ Fax: () _____

E-Mail: _____

E-Mail: _____

Please terminate the above-named licensee's appointment or affiliation as an ☐ Agent ☐ Broker or ☐ General Agent with us in the State of Washington. This termination is effective on the date that it is processed by the Washington Insurance Commissioner's Office.

Signature of authorized representative

Date

Date of Appointment : _____

Reason(s) for Termination:

☐ Agent/Brokers' Request/Mutual Consent

☐ Incompetence

☐ High Loss Ratio

☐ Misrepresentation of policies

☐ Failure to account for premiums

☐ Rebating

☐ Untrustworthiness

☐ Abandonment by Agent/Broker

☐ Other _____